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46,706

Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Ralph F. Kalies
Appln. No. : 10/608,265
Filed : June 27, 2003
Title : METHOD FOR CONDUCTING PRESCRIPTION
DRUG CO-PAYMENT PLANS
Docket No. : 036806-434
Art Unit : 3626

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
AND CERTIFICATION UNDER 37 CFR §1.97(e)(1)**

This supplemental information disclosure statement is being filed prior to the issuance of the first Office Action. This statement is accompanied by a Certification Under 37 CFR §1.97(e)(1).

Pursuant to 37 C.F.R. §1.56, the Examiner's attention is directed to the references listed on the attached Information Disclosure Citation, copies of which are attached hereto.


Each item of information contained in this supplemental information disclosure statement was cited in a communication from the International Searching Authority in corresponding PCT International Application No. PCT/US03/20326 not more than three months prior to the filing of this supplemental information disclosure statement. A copy of the International Search Report issued February 12, 2004, is enclosed herewith for reference.

Appln. No.: 10/608,265
Docket No.: 036806-434
Supplemental Information Disclosure Statement and
Certification Under 37 CFR §1.97(e)(1)

It is to be understood that the present submission of art is in no way intended to be a waiver of any arguments or defenses available to the applicant under the rules of the U.S. Patent and Trademark Office and the statutes of the United States.

No fee is required. The Commissioner is authorized to charge any additional fees required by this paper or to credit any overpayment to Deposit Account No. 20-0809.

Respectfully submitted:

By: 
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INFORMATION DISCLOSURE CITATION



Docket: 036806-434	Appln. No.: 10/608,265
Applicant: Ralph F. Kalies	
Filed: 6/27/03	Group: 3626

U.S. PATENT DOCUMENTS

Examiner		Document No.	Date	Name	Class	Sub	
		6,343,271	01/2002	Peterson et al.			
		5,845,255	12/1998	Mayaud			

FOREIGN PATENT DOCUMENT

							Trans	
Examiner		Document No.	Date	Country	Class	Sub	Y	N

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

Examiner:	Date Considered:	

* Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/608,265
Filing Date	June 27, 2003
First Named Inventor	Ralph F. Kalies
Art Unit	3626
Examiner Name	
Attorney Docket Number	036806-434

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thompson Hine LLP 2000 Courthouse Plaza N.E., 10 West Second Street Dayton, Ohio 45402-1758
Signature	MICHAEL A. FORHAN
Date	2-26-04

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Typed or printed name	Michael A. Forhan		
Signature		Date	2-26-2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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